

**SECTION 9
ATTACHMENT G**

~~Central Registry Background Check~~CENTRAL REGISTRY BACKGROUND CHECK

**~~REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK~~
(Format Optional)**

~~This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information.~~

~~The information contained in the Central Registry for Background Check and any attached files shall be used as **one factor** to determine qualifications for persons applying for contracts with this state, including employees of the potential contractor, for positions that provide direct service to children or vulnerable adults. The information contained in the Central Registry for Background Check and any attached files is confidential and shall not be further disseminated or shared.~~

- ~~• Page 1 shall be completed with Offeror or Contractor information,~~
- ~~• Pages 2 through 4 shall be completed with Employee Information for whom Central Registry checks will be completed, and~~
- ~~• Page 5 is a List of Disqualification Acts.~~

~~**Prior to the due date and time of proposal submittal** the Request for Search of Central Registry for Background Check form shall be submitted to:~~

~~Arizona Department of Economic Security
Division of Developmental Disabilities—Contract Unit
Attn: *CPS Background Check for RFQVA*
1789 West Jefferson, Site Code 791A
Phoenix, Arizona 85007
FAX: (602) 542-8193
E-Mail: DDDContractsManager@azdes.gov~~

Offeror or Contractor Name (Print):
Solicitation Proposal Number or Contract Number:
Phone Number:
Mailing Address:
E-mail Address:
Name of Person Authorized to Submit Request (Print):
Signature of Requester:
Date of Request:

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**REQUEST FOR SEARCH OF
CENTRAL REGISTRY FOR BACKGROUND CHECK**

Continuation, Page 2

Employee Information (Print)		Employee Information (Print)	
Name		Name	
Alias (previously used names)		Alias (previously used names)	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search (Print) _____ Signature: _____		Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search _____ Name of Person Completing Search (Print) _____ Signature: _____	
Employee Information (Print)		Employee Information (Print)	
Name		Name	
Alias (previously used names)		Alias (previously used names)	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____		Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____	

**REQUEST FOR SEARCH OF
CENTRAL REGISTRY FOR BACKGROUND CHECK**

Continuation, Page 3

	Employee Information (Print)	Employee Information (Print)
	Name	Name
	Alias (previously used names)	Alias (previously used names)
	Date of Birth	Date of Birth
	Social Security Number	Social Security Number
	Search Results	Search Results
	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No
	Date of Search: _____	Date of Search: _____
	Name of Person Completing Search (Print): _____	Name of Person Completing Search (Print): _____
	Signature: _____	Signature: _____
	Employee Information (Print)	Employee Information (Print)
	Name	Name
	Alias (previously used names)	Alias (previously used names)
	Date of Birth	Date of Birth
	Social Security Number	Social Security Number
	Search Results	Search Results
	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No	Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No
	Date of Search: _____	Date of Search: _____
	Name of Person Completing Search (Print): _____	Name of Person Completing Search (Print): _____
	Signature: _____	Signature: _____

**REQUEST FOR SEARCH OF
CENTRAL REGISTRY FOR BACKGROUND CHECK**

Continuation, Page 4

	Employee Information (Print)	Employee Information (Print)
Name		Name
Alias (previously used names)		Alias (previously used names)
Date of Birth		Date of Birth
Social Security Number		Social Security Number
Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____	Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____	
	Employee Information (Print)	Employee Information (Print)
Name		Name
Alias (previously used names)		Alias (previously used names)
Date of Birth		Date of Birth
Social Security Number		Social Security Number
Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____	Search Results Reports <input type="checkbox"/> Yes Number _____ See attached document(s) <input type="checkbox"/> No Date of Search: _____ Name of Person Completing Search (Print): _____ Signature: _____	

REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK

Continuation, Page 5

List of DISQUALIFICATION ACTS

~~A person is disqualified from providing services to DES clients in a direct service position if he/she is identified as a subject of a substantiated report for any of the following:~~

~~*Death of a Child Due to Abuse*~~

~~24 — Child death due to alleged abuse or suspicious death~~

~~111 — Death of a child due to physical abuse or suspicious death~~

~~*Death of a Child Due to Neglect*~~

~~24 — Child death due to alleged neglect or suspicious death~~

~~101 — Death of a child due to neglect~~

~~*Physical Abuse, High Risk*~~

~~25 — Injuries requiring emergency medical treatment~~

~~27 — Child age 24 months is shaken (shaken baby syndrome)~~

~~201 — Physical abuse high risks~~

~~*Physical Abuse, Moderate Risk*~~

~~45 — Injuries may require medical treatment~~

~~202 — Physical abuse moderate risks~~

~~*Neglect, High Risk*~~

~~33 — Untreated life threatening condition, Infant Doe, Non-organic FTT~~

~~37 — Imminent harm to child under the age of six (6) due to lack of supervision by parent/caretaker~~

~~38 — Neglect results in injury/illness requiring emergency medical treatment~~

~~39 — Imminent harm to child due to health or safety hazards in living environment/exposure to the elements~~

~~40 — Child diagnosed as suicidal by mental health professions, parent refused to allow treatment~~

~~43 — Abandoned, no parent willing to provide immediate care for a child and child is with a caregiver unable or unwilling to provide care now~~

~~301 — Neglect, high risk~~

~~*Neglect, Moderate Risk*~~

~~50 — Living environment presents health or safety hazards to a child under the age of six~~

~~51 — Sexual conduct/physical injuries between children due to inadequate supervision~~

~~55 — Child diagnosed by mental health professional with behavior consistent with emotional abuse~~

~~56 — Abandoned, no parent willing to care for a child, child with caretaker unable or unwilling to care for child less than one week~~

~~302 — Neglect, moderate risk~~

~~*Sexual Abuse, High Risk*~~

~~41 — Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven days~~

~~42 — Child reporting vaginal or anal penetration or oral sexual contact within past 72 hours and has not been examined~~

~~401 — Sexual abuse, high risk~~

~~*Sexual Abuse, Moderate Risk*~~

~~54 — Sexual behaviors within the past 8-14 days~~

~~403 — Sexual abuse, moderate risk~~

~~*Emotional Abuse, Moderate Risk*~~

~~502 — Emotional abuse, moderate risk~~